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Crandall, Mardel, "Planning for Parenthood" (1900). *Historical Documents of the Purdue Cooperative Extension Service*. Paper 946.

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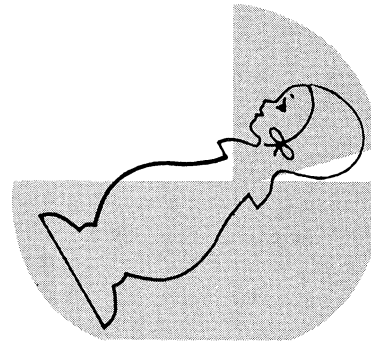
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HE-163
Family Life

PLANNING FOR PARENTHOOD



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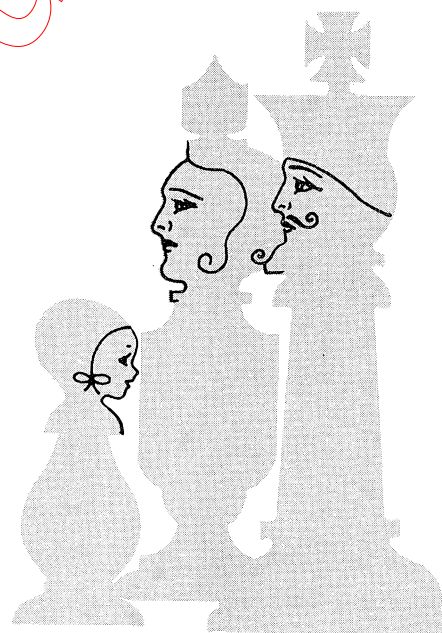
PLANNING FOR PARENTHOOD

Sooner or later the words, "I want to have a baby," creep into almost every marriage. Whether spoken by husband or wife, the words can lead to many things. If both husband and wife agree that this is the time to expand, the words can lead to pregnancy and eventually a baby. But if a baby is not exactly tops on the mate's must-get-it-done list, the words can lead to disagreement, disappointment, and disillusionment.

In either case, the I-want-to-have-a-baby decree affects marriage. That's why it's important for couples to think about—and yes, communicate their feelings about—having children.

If the conclusion is "we aren't ready yet," the couple must find a way to keep nature from playing ready-or-not-here-it-comes. When the "it" is a baby, the stakes of that game are pretty high. Couples unready for parenthood will want to avoid these risks by choosing a method of birth control and using it faithfully.

This booklet is written to help you and your mate explore your feelings about family planning—whether your plan is to start a family or postpone it. If your plan is to postpone parenthood, this booklet can help you decide how to go about parenthood prevention. And if your plan calls for a baby—either now or in the future—this booklet can give you some clues about what to expect.



NONE? ONE? OR TRIPLE YOUR FUN?

There's no doubt about it—parenting is popular. In fact, the desire for children is almost universal. In one study 97 percent of the city couples and 99 percent of the farm couples said they wanted to have children.

Why is the desire for children so strong? Sociologists have asked the same question. Their conclusion is that married couples want children to give life purpose and meaning, pleasure and emotional satisfaction. Many women seem to think they can fulfill their female roles only if they are mothers. And men sometimes feel fatherhood is proof of their masculinity.

Of course, not all couples want the same number of children. Some couples want a whole string of children; others will settle for just the knot! Studies show that middle class American couples want two to four children. As the standard of living rises and birth control becomes more reliable, more and more couples will set their sights at two to four children.

Couples who are concerned about the population explosion may feel, "Two's the limit." If their family grows beyond this point, they say, it will be through adoption. This position is certainly a responsible one; however, it would be difficult to convince every couple to stop at two.

Other couples may assess their feelings and conclude that they honestly don't want children. Couples who feel this way should not be criticized for their position. And certainly, they shouldn't have children. Children should be born to parents who truly want them.

ONLY YOU CAN PREVENT PARENTHOOD

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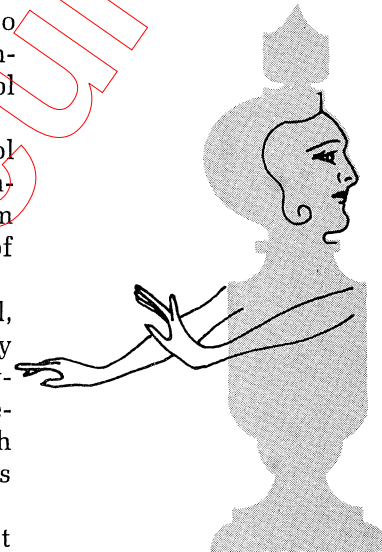
It has been estimated that if Mother Nature had her way, the average woman would have nine children! If your dreams about children aren't quite this large, you'll want to consider ways to limit nature just a bit. Not only will you want to limit the number of children you have, but you'll also want some control over the timing of parenthood.

Birth control methods give couples the opportunity to control the number and spacing of offspring. Properly used, birth control methods can keep the female's egg and the male's sperm from uniting during sexual intercourse. Without this union of egg and sperm pregnancy can't occur.

There are many methods of birth control—some chemical, some mechanical, some “natural.” The methods are not equally effective. The method a couple decides to use depends on several things: their religious convictions, their need for effectiveness, their personal preference. If you have reason to use birth control, the important thing is to choose the method which fits your circumstances and then use the method consistently.

Sociologist Robert Bell estimates that “as high as 90 percent of the American population approve of the concept of family planning.” One study found that 70 percent of the responding wives had used some type of mechanical or chemical barrier to pregnancy. Only 6 percent of the wives said they never planned to use mechanical or chemical measures.

Let's take a brief look at several methods of birth control. Your doctor will be able to give you the details of methods which appeal to you. Remember! Only you can prevent parenthood.



RELIABLE BIRTH CONTROL METHODS

● Oral Contraceptives

Birth control pills prevent a woman's eggs from being released from the ovaries. No egg, no pregnancy; it's that simple. Usually taken for three consecutive weeks and then skipped for a week, the pills are almost 100 percent effective. The pills fail only when they are not taken as directed.

Many couples find the oral tablets are the simplest, surest form of birth control. By removing the fear of pregnancy, the pills often increase the enjoyment of marital relations. And many women like the pill because it tends to lighten and regulate the menstrual flow, ease menstrual cramps, and enhance troubled complexions.

However, the pill has its disadvantages, too. Many women experience nausea, weight gain, and breast tenderness when they start taking the pill. Usually the symptoms disappear in a few months. If discomforts continue, a doctor can often suggest another brand of pills which may clear up all problems.

Women who take oral contraceptives also have a higher chance of developing blood clots than women who do not take the pills. About 15 pill users in one million die from blood clots compared to 2 deaths from clots among one million women who do not use the pill. However, many doctors, realizing that the pill has been thoroughly tested and has a safety ratio as high or higher than any other drug, do not become concerned about these statistics.

Your doctor can help you decide if the pills are safe for you to take. After a careful examination, a doctor will be able to evaluate how safe the pills are for you. He will not prescribe the pills if there is any indication they may harm you.

● *Intrauterine Devices*

An intrauterine device, often called an IUD, is a flexible piece of plastic which a doctor can stretch out to insert into the uterus. Once in place, the IUD resumes its original shape—a coil, bow, loop, shield, etc. The IUD prevents pregnancy by making it impossible for a united sperm and egg to implant itself in the uterus.

About 98 percent effective, the IUD can remain in place indefinitely. It can be removed by a doctor when pregnancy is desired. The only thing the user needs to do is check that the device is in place. Her doctor can show her how easy this is to do.

Like all birth control methods, the IUD has some disadvantages. Stronger menstrual cramps and heavier menstrual bleeding are experienced by some women who are getting used to the IUD. And some women's bodies reject the foreign IUD, expelling it through the vagina. A woman who has never had a baby may find adapting to the IUD more difficult than a woman whose uterus has been stretched by pregnancy. However, new types of IUD's have made these reactions less prevalent than they once were.

● *Diaphragm*

The diaphragm is a circular piece of rubber firmly attached to a flexible ring about two inches in diameter. It must be fitted to a woman by her doctor. Because her diaphragm size is likely to change with increased sexual experience, changes in weight, or the birth of a baby, a woman should visit her doctor at least once a year to be sure she is still using the correct size.

Each time a couple desires to have sexual intercourse, they put spermicidal (sperm-killing) cream or jelly around the diaphragm ring and in the center of the rubber dome. Then the

ing is folded in half and inserted into the vagina until it covers the cervix, the opening of the uterus. If sperm can't enter the cervix, they can't cause pregnancy.

During intercourse, the properly inserted diaphragm won't be noticed by either partner. Although the sperm enter the vagina, they will not be able to get into the cervix. Even if a few sperm do wiggle their way past the diaphragm, they will be killed by the spermicidal cream or jelly. After intercourse, the diaphragm must be left in place for at least eight hours, and the wife must refrain from douching (washing out the vaginal area) for at least that long, too.

The diaphragm is not as effective as the IUD or oral contraceptives. Pregnancies may occur when the diaphragm is incorrectly inserted, improperly fitted, or insufficiently filled with spermicide. However, these problems aren't as likely to occur if the wife goes to her doctor regularly to be refitted and receives and follows the doctor's instructions.

The diaphragm is popular with some couples because it is used only when they need it, and there is no concern about possible side effects. However, diaphragm users must plan ahead, preparing the equipment every time. *Many couples who left the diaphragm in the dresser drawer "just this once" are called parents.*

AND NOT SO RELIABLE METHODS

Other methods of contraception are not as reliable as the pill, IUD, or diaphragm. However, these other methods approach 100 percent effectiveness when they are combined. Let's examine some of these methods of birth control.

●Foam, Jelly, and Cream

Contraceptive foam, jelly, and cream—all available without prescriptions—are not guarantees against pregnancy. Of the three, foam is most effective. Inserted into the vagina with an applicator prior to intercourse, the foam blocks the cervix so sperm can't enter. The jelly and cream spermicides are also inserted into the vagina before intercourse. However, studies show they do not distribute themselves in the vagina as well as the foam. And many women find jelly and cream messy.

●Condom

The condom is a sheath of rubber which fits over the erect penis much like a rubber balloon might fit over a finger. When a male releases sperm (ejaculates) during intercourse, the sperm is trapped in the condom. The sperm doesn't have a chance to enter the cervix.

When the condom is used in combination with other methods—foam or the diaphragm, for example—the combination will provide safe birth control protection.

Some couples like the condom because it is readily available on the druggist's shelf, and it gives the husband part of the responsibility for birth control. Other couples reject the condom because they don't like to interrupt foreplay to put the condom on the penis or they feel the condom dulls sensations.

●Withdrawal

An ancient but not-to-reliable method of birth control, withdrawal requires the husband to remove his penis from the vagina before ejaculation. This is asking a lot—if not the impossible—of any man. A well intending but overly excited male might not be able to exit in time. Even if he is able to withdraw before ejaculation, his mate may still become preg-

nant! How? Some semen can escape from the penis before ejaculation. One little sperm aptly placed inside the vagina can cause pregnancy. Or if the male ejaculates right outside the vagina, the sperm can still find their way inside to the cervix.

●Rhythm

There are only a few days each month when a woman is fertile and can become pregnant. If she and her partner refrain from sexual intercourse during the fertile period, she will not get pregnant. This sexual abstinence for about a week each month is called the rhythm method. It is the only birth control measure sanctioned by some religious groups.

The drawback to this method is accurately determining when the woman is fertile. In textbooks the fertile period occurs around the midpoint of the menstrual cycle. In women . . . well, one can never be sure. If you decide this is the method for you, be sure to let your doctor help you determine your probable fertile period. And remember that irregular menstrual cycles, emotional stress, and any number of other things can change that fertile period without warning.

●Summing Up

The important thing to remember is to choose the method of birth control which appeals to you and your mate. Then stick to it with faithfulness. Doing without any form of birth control "just this once" may make a parent out of you. For this reason it may be wise to purchase a few condoms or a can of foam in case you miss a few pills or leave the diaphragm at home during vacation. Any form of birth control—even if it's a less reliable one—is better than no birth control if you aren't ready to conceive. Remember, it may be either 100 percent birth control or 100 percent baby for you!

READY FOR A BABY?

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The transition from two to three, from couplehood to parenthood, is a big one. Each couple should give parenthood careful thought before they stop using birth control and start trying to have a baby. The decision to have a baby—or at least trying to conceive—is a personal one, so try to sluff off those none-too-subtle hints from parents eager for grandchildren. It should be your decision.

Before you have a baby three things should be in order—your marriage, your finances, and your emotions. If you examine each of these areas critically and are still eager for parenthood, you are probably ready to assume the responsibilities of a family.

Few marriages are ready for children immediately following the “I do’s.” All marriages require adjustments. And parenthood requires adjustments, too. If both types of adjustments are piled on top of each other, they are harder to cope with. (This does not mean that they can’t be coped with. Many couples, caught off guard by unplanned pregnancies, have adjusted to the situation beautifully.)

Most couples need approximately two years alone as husband and wife before they can successfully meet the demands of an infant. In fact, studies show that the longer husband and wife delay childbirth, the more likely they are to have stable marriages.

Even if your marriage is fairly well adjusted, you may decide that you do not want a baby at this time in your marriage. A husband still in college, a wife getting professional experience, a husband leaving for military service might be good reasons for postponing pregnancy.

And don’t make the mistake that many couples make—thinking that a baby will transform an unhappy marriage into a happy



marriage. It just doesn't work that way. Several studies have pointed out that children can put a strain on marriage. A baby can transform an unhappy marriage into a miserable marriage. And besides, all children have a right to be born into happy homes. If your home doesn't fit that description yet, don't risk bringing a baby into it. A child deserves better odds! If you have marital problems, work through them *before* you have children.

A baby makes demands on finances, too. The initial costs—doctor's fees, hospitalization, delivery costs—can be staggering if they are not covered by insurance. Baby equipment and clothing add to the baby bill. And the expenses may be hard to meet if the new family is adjusting to one income instead of the usual two paychecks. For these reasons most prospective parents want to be sure they have money saved for probable expenses.

Evaluating emotional readiness can be more difficult than evaluating a bank book. Some couples aren't mature when they marry. If a marriage partner doesn't perform his marriage role responsibly, he probably won't perform responsibly in a parent role either. On the other hand, if both husband and wife are responsible and desire to have a baby approximately two years after marriage, they are probably ready for parenthood.

IF YOU DON'T CONCEIVE

Before they are married, most couples assume they will be able to have children. But once they begin trying to have a baby, many couples find they have difficulty conceiving. One study found that about one couple in every three has trouble conceiving. And about one-tenth of all couples end up without much-wanted children.

However, sex educator Mary Calderone stresses that couples should not worry about possible sterility until they have been trying "for well over a year" to have a baby. If after this period the couple has not been successful in conceiving, both husband and wife should visit an infertility specialist or clinic.

The attending physician will study the husband and wife as a biological unit, seeking possible causes for infertility in both husband and wife. Sometimes he will find medical reasons for infertility in either the male or the female. Other times he may spot emotional tensions which could be the possible cause of infertility. In either case, the doctor will try to solve the problem.

Therapy may involve medical treatment, which may be surprisingly simple or uncomfortably difficult. Or, if emotional tensions such as fear of parenthood or childbirth are involved, treatment might consist of counseling. Four out of ten infertile couples will conceive and have a normal pregnancy during or following therapy.

Parenthood is still possible for the six out of ten infertile couples who are not helped through therapy. Many infertile couples have filled their homes with adopted children. (If you think adoption may be for you, you might want to read Extension bulletin HE-541 "Parenthood Through Adoption.")

CLASS ONE TRANSITION TO PARENTHOOD

Transition to parenthood begins early in your life. As a child, you probably played house, watched your mother and father oooh over babies, and learned with some amazement that you might grow up to be a mommy or daddy. Later you may have anticipated the family you would have someday and discussed

these dreams with your husband or wife-to-be.

But the first intense phase of parenthood conditioning begins when the wife suspects she is pregnant. She may have noticed one of the signs of pregnancy—a skipped menstrual period, nausea, fatigue, tender breasts, or the need to urinate more frequently—a few weeks after conception. Because each of these signs may be caused by things other than pregnancy, a woman must visit the doctor to see if she is really pregnant.

The doctor will examine the suspectful woman and arrive at a verdict. He may or may not test her urine for a hormone which is present in the urine of pregnant women. At any rate, if the verdict is pregnancy, the doctor will give the mother-to-be special instructions about diet, exercise, and sleep. And he will make arrangements to see her again at regular intervals throughout the nine month pregnancy. This prenatal care is important to both mother and baby.

If she is pregnant—especially if she is pregnant for the first time—a woman is in for a whole new set of experiences. Her first reaction may be one of exhilaration. If she didn't want to conceive, she may feel resentful. Both reactions are quite common. Luckily, most mothers-to-be accept their pregnancies and even get excited about it when they feel life inside them and see the excitement of the people around them.

Because most women have looked forward to pregnancy and childbirth, they begin their pregnancies with happy preparations—planning a maternity wardrobe, buying or making baby clothes, decorating a nursery. The baby's kick is shared with an equally excited husband, and spare moments are spent dreaming about a good-natured, rosy-cheeked baby.

At least, that's the way it's supposed to be. However, researchers and pregnant women know that pregnancy is not always what it's cracked up to be! Feelings of depression as well



as a few tinges of heart burn or nausea have been known to creep into even the happiest of pregnancies. And many pleasant dreams of parenthood have been interrupted by the realization that there isn't enough money or the fear that the baby won't be normal.

In fact, the first pregnancy is so demanding on a woman that sociologist Alice Rossi says it is becoming the major transition point in a woman's life. The transition to parenthood is difficult, she says, because couples feel compelled by society to accept the parental role, there is little education for parenthood, and parenthood begins so abruptly after giving birth.

A husband can do much to keep up his pregnant wife's morale. He can reassure the wife of his love and his excitement about the coming baby, sympathize with her problems, and let her know that he doesn't mind her expanding figure. In these ways the husband can boost a sagging morale and quiet uneasy apprehensions.

How does pregnancy affect marriage? Many couples say their feelings toward each other improve during pregnancy. In one study almost two-thirds of the couples said the pregnancy drew them closer together, and half the couples said their love deepened during pregnancy.

Most likely, the pregnancy will cause the couple to make some alterations in their usual sexual patterns. The wife's doctor will probably have some definite ideas about when she should or shouldn't have sexual intercourse. But even if he gives sex the green light clear through pregnancy, as some doctors do, the wife may not always feel like having intercourse.

Some couples may seek ways to reduce the sexual tension which often develops a few weeks before and after birth. Their doctor is a good source of help. He can suggest ways to make sure this tension doesn't get out of hand.

TRANSITION TO PARENTHOOD

The baby is born! And the second phase of transition to parenthood begins as the new parents rearrange their marriage to accommodate their offspring. What a change a baby can make to a couple used to sleeping during the night, eating on schedule, and leaving home at will! In short, a baby makes demands on parents and their marriage.

Having a baby means making revisions in the marriage. Before the baby was born, the marriage included only husband roles and wife roles. But now the marriage must expand to include father and mother roles, not to mention a child role. Being a wife-mother or a husband-father is more demanding than being just a wife or husband.

When the roles conflict—when the husband and wife want to go to a movie, but the baby is sick; when the husband and wife need a new mattress, but the baby needs a bigger bed; when the husband and wife need to talk, but the baby needs attention—which roles take priority? The husband and wife roles? Or the father and mother roles? Because the baby is helpless and totally dependent on his parents, both parents need to realize that many of the baby's needs must come before their own. This is not to say that the parents' needs should be ignored or always play second fiddle. It is to say that by becoming parents, a couple has gained a responsibility that sometimes means sacrifice.

And so the baby revises the relationship between husband and wife. No longer can they have unlimited companionship. No longer can they give each other undivided attention. And no longer do their needs always come first.

The baby will also cause the couple to revise their division of labor—what is considered the husband's work and what is considered the wife's work. If a husband has shared much of the

housework while his wife was employed, he may expect to be relieved of these duties if the wife is to be at home with the baby all day. The birth of a baby usually means more specialized roles for both mates, the wife specializing in mothering and housekeeping, the husband in bringing home the paycheck.

Revised schedules are usually necessary after a baby is born, too. A new parent should not expect meals on time or an uninterrupted half hour to watch television. Babies don't live by schedules. They cry when they need adult attention, and they may need it during dinner or a favorite television program—or even after exhausted parents have gone to sleep.

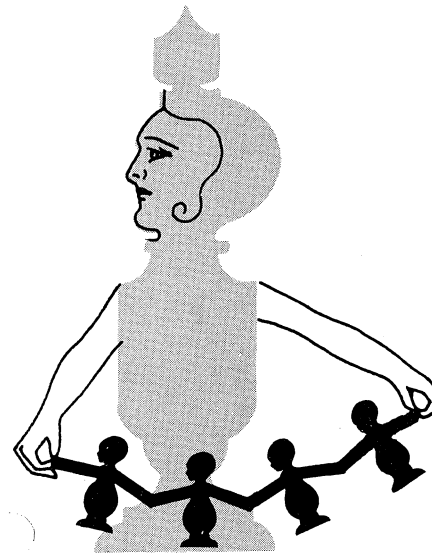
A baby can even mean revised concerns. A mother may have worried in the past about her office wardrobe. A father may have been concerned about new automobile insurance. But now they have more important concerns—concerns about their baby and their ability to care for it.

If the new mother and father can keep their communication lines open, adjusting to a new baby will be easier. Sharing new feelings—from resentment to excitement—will help the couple come closer together.

FROM THREE TO FOUR—OR MORE

When a couple has successfully met the demands of parenting for about a year, they may begin to think about adding a second child to the family. However, studies suggest it is wiser to wait at least two or three years after the birth of a baby before thinking about having another child. Three or four years between each child has several advantages for both parents and children:

- Widely spaced children are less likely to be jealous of each other, to develop sibling rivalry. Parents who have childre



close together “so the kids can be friends” often find that the friends are more like enemies, fighting each other for their parents’ attention.

- Widely spaced children get more attention from their parents. When her children are bunched together, an overtired mother can’t give each child the attention he needs.
- After the first child is past his third birthday, he is better able to adjust to a new baby than he would have been earlier.
- Parents find it easier to perform their housekeeping, child rearing, and marital roles when children are spaced three to four years apart.
- Children are easier on the budget when they are spaced apart. This is especially true when the children are small and so is daddy’s paycheck. If closely-spaced children decide to go to college, the expenses can be staggering.

MAKING PARENTHOOD POSITIVE

Parenthood—and even considering parenthood—is not easy. And that’s how it should be. After all, caring for another human being is a grave responsibility as well as a tremendous job.

Deciding when to have children—and what birth control methods to use if this is not the time—are important decisions in every marriage. They are decisions that take a lot of thought and talk. Honestly communicating your feelings will help you make the best possible decisions.

And open communication will also make transition to parenthood run more smoothly—from the moment you find you’re pregnant to the time you bake the baby a birthday cake! It’s true that the I-want-to-have-a-baby decree affects marriage. Your efforts can make that effect a positive one.

by

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Cooperative Extension Work in Agriculture and Home Economics, State of Indiana, Purdue University and U. S. Department of Agriculture Cooperating. H. G. Diesslin, Director, West Lafayette, Indiana. Issued in furtherance of the Acts of May 8 and June 30, 1914.